

A Feasibility Study
on the provision of accommodation
for homeless street drinkers
in
Dublin city

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Introduction

In September 1999, a report was published by Centrecare on street drinkers in Dublin city. This highlighted many of the needs of street drinkers and a wet hostel, which would be targeted specifically towards street drinkers was recommended, among other measures, as a means of addressing some of these needs. This feasibility study on setting up such a hostel aims to provide a detailed operational plan for such a service. Key issues of this study include the target group of the hostel, hostel facilities, rent levels, capital and ongoing costs, staff, move on options and policy within the hostel relating to alcohol consumption.

Addressing the Needs of Street Drinkers

Addressing the needs of street drinkers necessitates a multi strategic approach. This study presents an operational plan for the building of a hostel in Dublin for long term street drinkers, in which alcohol consumption on the premises would not be prohibited. Such a step, however positive, would present only a part of an overall strategy for addressing the needs of street drinkers. Other necessary development would include a higher level of responsiveness from other hostels in Dublin, in relation to accommodating street drinkers. For example, policy within Dublin hostels, all of which do not allow drinking on the premises, needs to be critically re-evaluated, if these hostels are to respond fully to the homeless population in Dublin.

At present, there is no hostel in Dublin in which residents are allowed to consume alcohol. This fact, coupled with other features in homeless services in Dublin, such as strict curfews and limited availability of emergency accommodation has meant that a high number for street drinkers have been left with no choice but to sleep out of doors, in very vulnerable and hazardous circumstances (Costello and Howley, 1999:).

The development of a hostel as outlined in this report presents an attempt to address this gap in homeless services in Dublin. Drawing from Maslow's hierarchy of need (1970), the aim of this hostel should be to provide residents with more than mere physical needs, such as food, warmth, shelter and privacy. Although these issues are of key concern within this service, it should also aim to recognise other important needs of the individual, including emotional needs, social needs, and lastly, intellectual needs.

One of the most important factors of this hostel is that it should provide a means of interrupting the vicious street cycle that is experienced by so many street drinkers. A recent report by St. Mungo's Housing Association noted that 73 per cent of people who go from sleeping rough to staying in a hostel leave the hostel within the first three months without a referral to another form of accommodation. The report stated,

'Many (hostel residents), especially those with alcohol, mental health and drug problems, return to the street, as the specialist agencies do not have the resources to act quickly enough at this stage'.

This statement highlights the importance of assessing the needs of residents on accessing the hostel, and linking in with relevant external agencies, both statutory and voluntary. By providing residents with the option of consuming alcohol on the premises, an important step is made in terms of reducing the amount of physical harm induced on them by sleeping rough, and by providing them with the opportunity to assess their situation with the aid of a key worker, and link in to relevant services of benefit to them, both in terms of their alcohol use and housing situation.

The needs of street drinkers are often multiple and complex. The fact that this hostel will allow alcohol consumption on the premises should not be its only distinguishing feature which makes it a hostel for street drinkers. Other features, such as a high degree of health care, a strong keyworking system, an adequate choice of move on options and its ability to link in with relevant agencies for residents at an early stage are equally important. This feasibility study presents an ideal working model for this hostel, incorporating all of the above issues.

Methodology

Methodology for this study involved semi-structured interviews with hostel managers of wet hostels in London; a review of literature and documentation, such as policy documents from existing wet hostels; and a review of costs involved in the refurbishment and building of three modern, multi-purpose hostels in Ireland.

Outline Structure of Report

- Section One presents a review of working models of five wet hostels in London
- Section Two presents a Model of Best Practise for a Wet Hostel in Dublin, which is based on the review of working models; Homeless Initiative service standards; and person specifications and staffing levels as described by the Merchant's Quay Project and Dublin Simon Community for an Open Access Hostel
- Section Three provides an overview of the physical structure of the hostel building, and an estimated valuation of the costs involved in building it.

Section One

A Review of Working Models

This section reviews five 'wet' hostels in London, with a view to developing a proposal for the setting up of such a hostel in Dublin. Focus here is placed on a number of features of these hostels, including, size, number of people catered for and physical structure of the building; support structures and services provided for residents; staff levels and skill sets among staff; settlement options; health facilities for residents; policy relating to alcohol consumption on the premises, and finally reactions of the local community to the presence of a 'wet' hostel in its area.

The five hostels reviewed here are:

- **Aspinden Wood** (Group: Equinox)
Number catered for: 24
- **Edward Gibbons House** (Group: Providence Row Housing Association)
Number catered for: 31
- **St Pancras Way**, (Group: St Mungo's)
Number catered for: 18
- **Arlington House** (Group: Bridge Housing Association)
Number catered for: 382
- **Providence Row (Crispin Street)**, (Group: Providence Row Housing Association)
Number catered for: 22

Hostel One: Aspinden Wood (Equinox)

Overview:

Aspinden Wood Centre is designed for people with a long history of homelessness, alcohol dependency, associated mental health problems, loss of tenancies and hostel places, low response to rehabilitation programmes and a failure to control their drinking, which prevents them from using much of the existing provision for homeless people. The project works from a harm minimisation model and aims to provide a safe, controlled environment for residents as an alternative to drinking on the street, where staff will be able to deal with crises and ensure that residents receive adequate care and support. The project is intended as permanent accommodation, but will assist people who want to move on.

(www.hostels.org.uk)

Target Group

The target group of Aspinden Wood has been described as: *homeless street drinkers with a history of losing accommodation due to drinking, who cannot or do not want to stop drinking. Will accept those with mental health issues.*

Aspinden Wood was initially named the Drink Crisis Centre, and was set up with a view to providing a service specific to the needs of the high number of street drinkers in London. While the majority of residents come from a history of sleeping rough, those living in what is considered a 'risky' form of tenure are also sometimes accepted. However, residents must have a history of alcohol dependency problems before they are accepted into the hostel. This hostel does not operate a waiting list.

Currently, the hostel is targeting those aged over 40 years (average age of residents = 55), who are sleeping rough. The majority of residents are men. This hostel will not accept anyone who does not have a drink problem, is abstinent or those who require nursing care. Aspinden Wood is a registered care home.

Referral Procedure

Residents are referred to the centre via a number of agencies, including day centres, alcohol services and organisations working with homeless people. Self referrals are not accepted. From Monday to Friday, 9am to 5pm, the above agencies can contact Aspinden Wood, to check for vacancies and order an application form. If a vacancy arises, an interview can be arranged at the hostel for the potential resident. Successful applicants are required to have written confirmation of local authority placement funding prior to moving in. Vacancies arise on a monthly basis, and a waiting list is operated for them.

Physical Structure of Hostel

Aspinden Wood has a total of 24 spaces. Each resident has his/her own single room with a wash basin in each. While the hostel does not provide double rooms for couple, residents can share their room with a partner residing in the hostel if they so wish. This hostel also has a total of six baths (one to four people), six showers, eight toilets (one to three people) and a laundry facility. Other amenities include two lounges, including a TV and video, a games room, one large kitchen for resident's use and a garden.

Disability Facilities

Aspinden Woods has a total of five rooms, which are fully adapted for wheelchair users. Also, there are two adapted toilets and one adapted shower room for wheelchair users.

The hostel operates a call system and access to the hostel for this group is facilitated by a ramp.

Food

Full board is provided for residents. Lunch and dinner are prepared, while breakfast is self catering.

Support Services

Staff

Aspinden Woods has a total of ten full-time staff members, including a manager, an assistant manager and eight project workers. Staff cover during the day is always at a minimum of three full-time workers. Sleep-in cover is also provided, ensuring that there is always at least one staff member present overnight. The staff in Aspinden Woods operates on a team basis, with three staff members on duty at any time between 9am and 9pm. From 9pm onwards, two staff members are present, and from 2am onwards there is one/two staff members present on a sleeping shift until 7am.

A key-working system is operated in this hostel, whereby staff members are responsible for providing ongoing support to two/three residents, and monitoring their progress and well being. This process is aided by the development of individual care plans, which takes into account issues such as resettlement and drinking patterns. The project works within a harm minimisation approach, and while residents are not expected to abstain from drinking alcohol, efforts are made by staff to stabilise alcohol consumption among residents and thus reduce its most damaging effects on both their physical and mental state. Staff members also encourage residents to use local facilities such as day centres.

Skills and experience expected from staff include experience working with homeless people, and or in the fields of mental health and alcohol addiction. However, besides this there is no skills set criteria expected from staff members. On-site training offered to staff members includes an induction training period. The most important aspects of this include first aid, dealing with challenging behaviour (including therapeutic responses to violence), alcohol awareness and mental health awareness.

Settlement

As Aspinden Woods is a registered nursing home, it is primarily intended as a permanent form of accommodation for residents. However, all residents who seek independent accommodation are offered help and support from their key-workers. Settlement is aided by access to Equinox's own independent flats.

Detox and Rehab Centres

Aspinden Wood also links in residents to Equinox's detox centre. From there, residents can be referred to rehab centres, if they so wish.

Health

The hostel has developed a positive relationship with a local General Practitioner, located within short walking distance of the hostel. A District Nurse can also be accessed when necessary. Also, a

Community Psychiatric Nurse and a primary health care team visit the hostel as required. A dentist, chiropodist and optician also pay regular visits.

Resident Access

Residents have 24 hours access to the hostel, via an intercom.

Visitors

Visitors are allowed in the hostel between the hours of 9am to 7pm. Overnight stay of visitors can be arranged by prior agreement with staff.

Policy relating to Alcohol Consumption

As already noted, this hostel operates within a model of harm reduction. Residents are free to consume alcohol in designated areas of the hostel, including their own rooms and one of the two lounges (which is known as the 'drinking lounge'). They can also gather in each other's rooms to drink. Areas where they are not permitted to consume alcohol include the kitchen and dining room.

Staff members attempt to monitor the level of alcohol consumption among residents, through the key working system. A financial plan is developed between residents and their key worker, through which their financial resources (which are usually limited to £30 per week) are spread over the week, ensuring that the majority of residents consume a relatively small amount of alcohol over the week. Staff also work at promoting alternatives to drinking for residents. For example, key-workers would help residents occupy their time during the day by accompanying them on walks, going to the local museum, cinema etc. with them. It was noted that only a small minority (about 15%) of residents would indulge in 'binge drinking', whereby all of their financial resources is spent on alcohol over a one to two day period.

Local Community

As this hostel is located in a very residential area, the local community voiced a lot of opposition when it was first established. This was overcome by the hostel staff by explaining the nature of the hostel and its services to those concerned, and by focusing on the fact that because residents would be allowed to consume alcohol indoors, they would not be gathering outside the hostel in neighbouring areas to drink. Since the hostel has been established, only one minor complaint has been lodged by a local resident against a hostel resident.

Hostel Two: Edward Gibbons House (Providence Row Housing Association)

Group: Providence Row Housing Association

Overview

Edward Gibbons House is a hostel for 31 long term homeless street drinkers. Residents may drink alcohol in the hostel and staff assist them to establish a benefits claim, take care of their health and explore options for detox, rehabilitation and resettlement. The hostel can accommodate those people whose behaviour excludes them from other hostels. (www.hostels.org.uk)

Target Group

The target group of this hostel has been defined as: *long term street homeless drinkers who are still drinking. Must have a history of sleeping rough. Priority given to those with a local connection, including having slept rough in the borough.*

This specific target group precludes those who are not sleeping rough and who do not have alcohol dependency problems. Other people who are not accepted include those with drug problems, mental health problems, high support needs or with a history of aggressive behaviour.

The minimum age of residents is 25, with an average age of 46 years. The majority of residents are male.

Referral Procedure

Edward Gibbons House accepts both self referrals, as well as referrals from other agencies. Potential residents and relevant agencies can contact the hostel 24 hours a day by phone, in person at the hostel, or through a written application. Applicants referring themselves who apply in person are aided by staff to fill in an application form. Staff also check the applicant's eligibility to claim housing benefit.

Vacancies in the hostel arise every few weeks. The hostel does operate a waiting list, and referrals are placed on this as soon as they apply.

Physical Structure

The hostel caters for a total of 31 residents, all of whom have their own bedroom. All rooms have their own wash basin. There are two baths, two showers and four toilets located on each floor. The hostel also provides laundry facilities. Other amenities and communal areas include one TV room/lounge per floor (with a total of three floors in the hostel), a 'drinking area', a smoking room, a games room (including a pool table) and a 'quiet room'.

Food and Cooking facilities

Breakfast and evening meal are provided for residents. Snack and light foods, such as soup are available at lunch time. Residents can also avail of some basic kitchen facilities to make snacks, such as sandwiches.

Disability Facilities

This hostel has one room for adapted a person with a disability.

Support Services

Staff

There is a total of 14 full time and four part time staff working in Edward Gibbons House. Full-time staff members include two managers, three porters, five project officers, a qualified carer, two night staff and one cleaner. Part-time staff include two part time carers. Staff work on a shift basis, with one team working throughout the week. Both managers are present from Monday to Friday, 9am – 5pm. At the weekend, a Duty Manager is present. Overall, 24 hour waking cover is provided in the hostel.

Each resident is assigned a key-worker to provide care and informal counselling. Key-workers also provide assistance relating to personal care and the development of basic cooking skills.

Staff avail of various ongoing training programmes, relating to settlement options, knowledge in housing benefits and health care.

Voluntary workers are employed in the hostel. They visit residents on a weekly basis and provide an extra level of support for residents.

Settlement

Staff offer advice and support to all residents seeking resettlement. Residents can be nominated to permanent housing through Providence Row's resettlement department. Average length of stay in this hostel is eight months.

Training Courses

An artist visits the hostel on a weekly basis and runs art classes for some residents. Training courses are also provided in issues such as basic cooking and budgeting.

Detox and Rehab

Residents are encouraged to take care of their health and explore options for detox, rehabilitation and resettlement.

Health

A local GP visits the hostel once every week. He is present for a total of two hours, and treats patients on-site. Two district nurses visit the hostel on a weekly basis also. Finally, regular visits are made to the hostel by a chiropodist, an optician and a dentist. The hostel has a nurses' room, which is used as a clinic by visiting nurses/practitioners.

Resident Access

Residents have 24 hour access to the hostel.

Visitors

Visitors are allowed during the day, but are expected to leave by 8pm.

Policy relating to Alcohol Consumption

Alcohol consumption is allowed throughout the building, except in the office. Staff monitor consumption of alcohol among residents by placing the most vulnerable residents, with highly chaotic lifestyles on the first floor. Key-workers of these clients monitor drinking patterns closely.

Local Community

The local community have exhibited a relatively high degree of tolerance towards the presence of the hostel in their area, once they were made aware that the consumption of alcohol was restricted to inside of the hostel. No complaints have been made since it opened.

Hostel Three: St. Pancras Way (St. Mungo's Housing Association)

Overview

St Pancras Way is a hostel for 18 male street homeless heavy drinkers who do not want to stop drinking. Residents are allowed to drink almost anywhere in the hostel and problem drinking is addressed in terms of problem behaviour or other consequences such as illness. It is staffed 24 hours a day, with an alcohol counsellor, nurse and GP coming in every week. The accommodation is temporary but without a set maximum length of stay. "The aim is for homeless men to settle indoors, make use of good food each day and medical services so their health improves, and hopefully look at stabilising and possibly reducing their drinking." Also aim to resettle into suitable permanent accommodation in time. (www.hostels.org.uk)

Target Group

The target group for this hostel has been described as: *men with long histories of both heavy drinking and sleeping rough who do not want to/cannot stop drinking. Must have been sleeping rough for at least 5 years. Priority given to those with a Camden connection.*

This hostel was established as it emerged that there was a shortage of accommodation in London for heavy drinkers, as well as the fact that many heavy drinkers who were homeless had been barred from other hostels for drinking alcohol on the premises or behaviour related incidents. In order to address this service gap, this hostel only accepts residents with alcohol related problems. It will not accept en with a concerning history of violence, sexual offences or arson. The minimum age level is 30 years, with an average age of 49 years.

Referral Procedure

Referrals are accepted from specific agencies only. These include St Mungo's Outreach Team and Equinox Outreach Team, as well as other outreach teams working with St Mungo's and Equinox. Initial contact is made by phone and can be done 24 hours a day. An application form is completed by the referring agency, and requires details relating to income/benefits status and the applicant's National Insurance number. Referrals are prioritised according to urgency of need. As such, St. Pancras hostel does not operate a waiting list.

Physical Structure

The hostel caters for a total of 18 residents, providing 16 single bedrooms and one twin bedroom. There is one bath in the hostel, six showers (one to three people) and six toilets. The hostel also provides laundry facilities. Other amenities and communal areas include one TV room/lounge, a 'wet room', a dining room and a garden.

Food and Cooking Facilities

Breakfast, lunch and evening meal are available to all residents for and extra charge of £1.20 in total. Tea making facilities only are available for residents.

Disabled Facilities

The hostel is fully wheelchair accessible inside. However, wheelchair users will require staff assistance to enter building. The bathroom and showers are adapted for wheelchair users.

Support Services

Staff

St Pancras has a total of six day-time staff, two night-time staff, one manager and one deputy manager. Staff operate on a team shift basis, with two staff on duty per shift, providing 24 hour cover. A key-

working system is employed, which initially looks at the social, health, hygiene, dietary, budgeting and benefits needs of residents.

Once residents have settled into the hostel, have begun to stabilise their lifestyle, their key-worker can help them to stabilise or reduce their drinking patterns, if appropriate and if the resident is willing.

Staff qualifications are very mixed, with focus being placed on experience and knowledge of homelessness and long term drinking as well as a practical knowledge of the benefits system and settlement options.

Other roles of staff have been described as:

a mixture of support, advocacy, information, advice, help in accessing other services, practical help and accompanying residents to appointments. (www.hostels.org.uk).

Training is provided for staff both at induction and ongoing levels. St Pancras avails of St. Mungo's training programmes, which include mental health awareness, alcohol awareness, and assertiveness training.

Volunteers from the *Make It Work* scheme visit the hostel three times a week. They organise day trips for residents as well as offering companionship to residents.

Settlement

A nearby group of shared supported housing, which is run by St Mungo's has been made available specifically to residents of St Pancras. Some residents move on to this accommodation. However, staff did find that many residents proved to have higher needs than could be sufficiently catered for in this setting. Therefore, if this does not prove appropriate, staff from St Mungo's resettlement team will work towards other options, such as linking residents in with transitional housing, which would provide a higher degree of support than independent housing. Length of stay among residents averages from six to twelve months.

Detox and Rehab

Linked in with Alcohol Related Programme (ARP), counselling and detox. Clinical Psychiatrist visits.

Health

Residents can avail of consultations with a weekly visiting alcohol counsellor, as well as fortnightly visits from a local GP and a nurse who attends the hostel two days a week.

The hostel links in with alternative therapy courses outside of the hostel, which can also be availed of by residents.

Resident Access

Residents have 24 hour access to the hostel, via an entry-phone.

Visitors

Visitors are not allowed in this hostel.

On-site training for residents

Residents can avail of training courses involving computer packages for literacy as well as Reminiscence Therapy by regularly visiting therapists.

Policy relating to Alcohol Consumption

Drinking alcohol is allowed on the premises, with the exception of the dining room and office.

Key-working limits alcohol intake of residents exhibiting very chaotic behaviour.

Local Community

As this hostel is located in an industrial block, with no local residencies or businesses, it has been spared from any opposition from a local community.

Hostel Four: Arlington House (Bridge Housing Association)

Overview

Arlington House opened over one hundred years ago, for this specific client group. The area of Camden is known in London for a high proportion of street drinkers. While this target group are prioritised when referred to this hostel, the main priority is that residents are homeless. A small number of residents therefore do not have alcohol dependency problems, as this is not necessarily a prerequisite of gaining access.

Arlington House is a large hostel for single homeless men aged over 21, particularly those in need of tenancy support and specialist care services. The project has an in-house care team and close links with community health services. Referrals are accepted from any agency, but 50% of referrals are from LB Camden. Same day lettings are possible. Specialist services are provided for residents experiencing alcohol related harm, including community detox, care assessments, referral to rehabilitation projects, individual counselling and harm minimisation. Culturally sensitive services are available for Irish residents and refugees.

Target Group

The target group of this hostel has been described as: *Single homeless men aged over 21, particularly those sleeping rough and those needing support with alcohol dependency problems.* However, this does not necessarily mean that only those with alcohol dependency problems are accepted into the hostel.

The main priority for residents is that they are homeless. Those with a history of arson or a recent history of serious violence, as well as those currently using Class A drugs or those banned from other Novas hostels are not accepted into the project.

The minimum age of residents is 21, with an average of 48 years among residents. 25% are from black and ethnic minority groups. The hostel does operate a waiting list, although due to its large size (382 bed-spaces), it is rarely necessary to do so.

Referral Procedure

Both self referrals and referrals from agencies and referrals from outreach teams working with rough sleepers are accepted. Initial contact to Arlington House is made either in writing or by phone. An application form is completed at the interview, which takes place in the hostel following the referral. On some occasions the referring agency is asked for background reports for the applicant. Same day lettings are possible. Vacancies arise on a weekly basis.

Physical Structure

The hostel caters for a total of 382 residents, providing single bedrooms for all residents. There is a total of one bath to 15 people, one shower to every six people, and one toilet to every six people. The hostel also provides laundry facilities. Other amenities and communal areas include TV rooms/lounge, a games room and a quiet room.

Food

Residents have access to a subsidised canteen in the hostel, which is open from 8am to 7pm. Breakfast costs £2.20pw and is not optional. Lunch (usually soup and sandwiches) and dinner cost approximately £1.00/£2.00 each and are optional. Residents also have access to tea making facilities.

Disability Facilities

Arlington House has one high care wing for 12 men using wheelchairs and in 59 rooms, residents are provided with a warden call system. Some communal areas of the hostel (such as toilets, bathrooms and corridors) have chair lifts, grab rails and ensuite facilities.

Support Services

Staff

There is a total of approximately 60 staff members working on a full-time basis in Arlington House. Staff are broken down into six teams, namely: catering and cleaning; housing support; finance; health; specialist support and dependency support. Within the housing support team, each member is responsible for providing keywork support for 25 residents. Here, attempts are made to find more suitable accommodation for residents. The specialist team focuses on issues such as mental health, the

needs of older residents and the needs of certain groups. For example, this team includes an 'Irish worker', who is responsible for arranging social events and annual trips to Ireland for Irish residents.

The dependency team includes drug and alcohol workers, providing counselling in these areas for residents. The housing support and health teams often make referrals to the specialist staff, as well as to other agencies.

Although staff recruitment is not based on qualifications, staff are required to have experience in working with homeless people and/or people with mental health. They are also expected to have experience of working in a residential environment.

Staff training includes an induction period, where new staff members are trained by colleagues. Ongoing training includes alcohol and mental health awareness.

Settlement

As already noted, a housing support team (including two resettlement workers) are available to residents, offering advice and help in any attempts to secure accommodation. Also, a planned programme of resettlement is developed with residents around issues such as life skills, budgeting and other issues as agreed with each resident. Follow-up support is provided for residents who have gained independent accommodation, for as long as is required. Most residents are rehoused through local authority housing or through other supported schemes, such as registered care homes.

Detox and Rehab

Arlington House has developed a positive relationship with local detox centres. Residents are encouraged to take care of their health and explore options for detox, rehabilitation and resettlement.

Health

The hostel has one specialist health worker, who is responsible for administering medication to residents. There is no nurse working in the hostel. However, residents are usually registered with a local GP, with whom the hostel has developed a strong relationship. As already noted, mental health counselling is available to residents through the specialist team. Health, mental health and dependency staff. Regular chiropody and optician sessions.

Residents can also avail of drama and music therapy on a weekly basis.

Resident Access

Residents have 24 hour access to the hostel, via an entryphone system.

Visitors

Visitors are allowed between 9am-10pm, but they must be accompanied by host resident. Overnight guests are not permitted.

Training Courses for Residents

Residents can avail of a lifeskills training programme within the hostel, covering issues such as basic cooking, cleaning and budgeting.

Alcohol relating to Alcohol Consumption

Alcohol consumption within the hostel is limited to certain areas, such as the games room and resident's own bedrooms. Alcohol Dependency Workers work closely with more chaotic drinkers in the hostel, within a harm minimisation approach.

Local Community

Arlington House has a varied relationship with the local residential neighbourhood. They receive some complaints from local shopkeepers, although this occurs very rarely. The local press presents itself as the most negative commentator on Arlington House, often presenting the hostel as a negative and unwelcome part of the local community.

Hostel Five: Crispin Street (Providence Row Housing Association)

Overview

Providence Row's winter shelter is open between 1st December 1999 and 31st March 2000. The shelter is for men who are sleeping rough, especially those who have substance misuse problems. Staff offer support and advice via a keywork system. ARP, ADT/Addaction, Just Ask Counselling and Providence Row's own counsellors provide support sessions for residents.

Target Group

The target group of this hostel has been described as *men who are sleeping rough and have substance misuse problems*. Most applicants are expected to have already be in contact with a local outreach team. Those who are not accepted into the hostel include arsonists and those without substance misuse problems. The minimum age of residents is 16 years.

This target group was based on the findings of Department of the Environment statistics, which highlighted the need for hostels in London to support rough sleepers with alcohol dependency problems. Moreover, men were found to be much more likely to be sleeping rough with substance misuse problems in the area. Accordingly, only those with substance misuse problems are accommodated in Crispin St. A high number of residents also experience mental health problems. As this hostel caters for those with

substance misuse problems in general, both drinkers and drug users are accommodated, although the former make up the large majority. While some friction has occurred between the two groups, it was described as 'manageable' by the hostel manager.

Referral Procedure

Referrals are taken from specific referral agencies only. Agencies can phone the hostel on a 24 hour basis to check vacancies and make referrals.

Referral agencies accepted by Crispin St. include, St Botolph's, Thames Reach Outreach, St Mungo's Outreach, Salvation Army Outreach, Dellow Centre and the Aldgate Advice Cafe. The hostel does not operate a waiting list for rooms. Maximum length of stay is four months.

Physical Structure

There are a total of 22 bed-spaces in this hostel. There are no single rooms, but six three bed rooms and one four bed rooms. There is one bath to every eleven people, one shower to every eleven people, one toilet to every five people. Other facilities include a laundrette, a TV room, a lounge, a dining room and a games room with a pool table, computers, space for other general activities.

Food

Full board is provided for residents. Tea and coffee is available 24 hours. There are no cooking facilities available for residents.

Disability Facilities

Crispin St. has no extra facilities for people with disabilities.

Support Services

Staff

There is a total of 16 staff members in Crispin St., providing 24 hour waking cover. Keywork system. These include two full time managers, one assistant deputy, one substance misuse worker and 12 project officers, three of whom form part of a resettlement team.

Staff operate on a key working system. The day team (made up of two project officers) are on duty from 8am to 3pm. From 9am to 5pm, there are also two managers on site. The evening shift runs from 2pm to 9pm, again with two project officers on duty, and at night, there is a total of three project officers on waking duty.

In terms of the skills set and qualifications required and/o desired among staff, focus is placed on those which are easily transferable to and useful within a hostel setting, such as social care, probation and nursing.

Experience (of at least 6 months/one year) with alcohol or drug problems is seen as very important. Experience of working within a team is also seen as an advantage. Due to the vulnerability of many residents, staff members are expected to be fair and patient with them. Another feature considered important among staff is a respect for and empathy with hostel policies, which ensures that they will be fully implemented.

Staff training includes an induction period, focusing on drug use, alcohol awareness, mental health issues, responses to violence and challenging behaviour and risk assessments.

Settlement

The in-house resettlement team on an individual basis with residents who wish to move on to independent accommodation. Some problems experienced by the resettlement team in this role included a lack of motivation among residents to address their situation, and missing appointments both with them and with external bodies.

Detox and Rehab

Crispin St. is linked in with the local ARP for detox, link to rehab and counselling. Other forms of external support offered include sessions with ADCT/Addaction and Just Ask Counselling. Crisis counselling and ongoing sessions through Providence Row's counselling team.

Training Course for Residents

While there are no training courses offered on-site for residents, the opportunity is provided for them to link in with training courses such as, life skills and budgeting externally, organised by the Homeless Network.

Health

The hostel links in with a local health centre, where residents can attend at their own will. Residents can also avail of regular sessions on-site offered by substance misuse agencies such as the Alcohol Recovery Programme (ARP), ADCT/Addaction and a mental health counselling programme.

Visitors

Residents are allowed visitors, which is limited to one per resident per night and a maximum of five visitors in the shelter at any one time. Visitors are obliged to leave by 11pm.

Resident Access

Residents have 24 hour access to the hostel.

Policy relating to Alcohol Consumption

Residents are allowed to consume alcohol on the premises, as long as their behaviour is seen as 'manageable' by staff, and it does not put themselves or others at risk. Residents can drink in certain designated areas of the hostel, such as their own rooms and some communal areas. If a resident displays difficult or challenging behaviour while drinking alcohol, they can be asked to leave until they become sober.

Local Community

Crispin St. is located in a business area. However, it has not experienced any major problems from local businesses to date.

SUMMARY – KEY ELEMENTS OF GOOD PRACTISE

This section has reviewed the practises and procedures of five accommodation projects in London, which provide a range of services for homeless street drinkers. Here, we present a summary of the key attributes of these services, which are drawn on in the Section Two to form a basis for the development of this project in Dublin.

Target Group

Key features influencing the target groups of these projects included

- a long term history of street drinking
- a history of sleeping rough and/or a history of losing accommodation due to drinking
- Lack of motivation to give up drinking
- Connection with local area of project

The first three features listed here have direct relevance to the development of this project in Dublin. By focusing on long term histories of sleeping rough, difficulties in maintaining independent accommodation and lack of willingness and/or inability to give up drinking, this project can form a target group which focuses on the most vulnerable street drinkers in Dublin. Priority to these issues would also override the necessity to include an age limit within the target group, as those most in need of the service would be targeted directly. The fourth feature, connection with local area of project, would have less relevance to Dublin city, a much smaller city than London, with a much lower number of homeless street drinkers.

Referral Procedure

Referrals are accepted by a number of sources, the most popular being: homeless and alcohol agencies (statutory and voluntary) and local outreach teams. Two of the projects accepted self referrals.

The referral procedure varies from project to project. For example, Aspinden Woods, which is a registered care home accepts referrals from a number of agencies from Monday – Friday, 9am-5pm only. Other hostels accept referrals on a 24 hour basis, in phone, by writing or by presentation of the person to the project. Following initial referral, an application form is filled in between the potential resident and referring agency or project worker of project. While some projects operate a waiting list for vacancies, others do not and instead, referrals are prioritised according to urgency of need.

Physical Structure

Four of the five projects reviewed here catered for a relatively small number of residents, ranging from 18 to 31. The remaining project, Arlington House, was a large scale hostel, with a resident population of 382. This review highlights the strong advantages of caring for a **low** number of residents, such as higher levels of care, a more comfortable and therapeutic environment in which to live and a more personal and in-depth key-working approach. All projects provided single rooms for each resident.

Food and Cooking Facilities

None of the projects reviewed here offered cooking facilities for residents. However, residents were encouraged to learn basic cooking skills through life-skills courses (see below). Instead, residents could either avail of economic meals through a subsidised canteen or were provided with full board meals as part of the overall rent of staying in the project. Most projects also provided residents with communal kitchen areas, in which they could prepare light meals, such as sandwiches, and tea or coffee.

Disability Facilities

All projects reviewed were wheelchair accessible internally, with common features such as grab rails, entrance ramps, call systems, chair lifts and elevators. Each project had a number of bedrooms which were fully adapted for wheelchair users. However, the number of such rooms varied quite significantly from project to project.

Support Services

Staff

Staff members working directly with residents were referred to in all projects as Project Workers. The number of project workers on duty varied. However, staff cover was provided on a 24 hour basis within all projects, and a generally high level of staff cover was observed in projects. All projects operated a key-working system between project workers and residents. A team shift system was also a popular method of staff cover (this is outlined in more detail in section 2)..

Settlement

Settlement procedures and outcomes for residents tended to vary, with the target group and the nature of each project. As a registered care home, Aspinden Woods provided long term and often permanent accommodation for residents. For other projects, which operate as homeless hostels, efforts are made to provide advice and support for residents seeking settlement from staff and settlement teams. Settlement support can include courses in life skills, budgeting and other areas as agreed with resident. Many such hostels avail of other housing options provided by their housing association, such as supported housing and transitional housing. Links are also established between projects and local authority housing schemes, such as registered care homes. Within these hostels, average length of stay varied from six months to one year. While some projects did encourage residents to establish a move on option for themselves after a certain period, residents were not obliged to move out of the project without having established a viable move on option in advance.

Detox and Rehab

Projects established positive relationships and links with local detox centres, thus enabling residents to avail of them if required.

Health

Each project had established a strong relationship with a local health centre and/or GP, of which residents were encouraged to avail. Another popular practise was regular visits from health practitioners, such as a GP, district nurse, community psychiatric nurse, a chiropodist, an optician, dentist and health care team to the project, where residents could be treated on site. For this purpose, a health room would be located within the project. Certain projects also provided residents with the opportunity to avail of regular sessions on-site offered by substance misuse agencies such as the Alcohol Recovery Programme (ARP), ADCT/Addaction and mental health counselling programmes. Complementary therapies were provided for residents, albeit to a lesser extent. These included drama and music therapy.

Visitors

Only one project reviewed here did not allow visitors on the premises. Others allow visitors between specific hours, ranging from 9am to 8pm. Only one allowed overnight stay of visitors, which was to be arranged with staff previously. One project allowed a maximum of five visitors during the day, in order to avoid placing undue stress on staff members.

Resident Access

24 hour access to the project for residents was provided by each project.

Policy relating to Alcohol Consumption

Each project allowed the consumption of alcohol on its premises in particular designated areas. These include the residents bedroom, the games room and a sitting area. Care was also made to ensure that

alcohol consumption was not permitted in some areas of the project. This was done in order to provide residents with the option of sitting in a communal area, such as a sitting room if they did not want to be in an environment in which others were drinking. Displaying difficult or challenging behaviour while drinking was responded to by asking the resident to leave the premises until sober. Projects monitored the drinking patterns of the most chaotic residents. Actions taken by staff to minimise the amount of harm induced by very chaotic drinking included, helping the resident occupy his/her time during the day and the development of financial plans, through which the financial resources of the individual are spread over the week, thus reducing the possibilities of potentially harmful drinking binges.

Local Community

All projects had experienced opposition from local residents on being first established. However, it was noted that this opposition was usually based on a lack of understanding of the aims and operation of such a project by those concerned. This was tackled by measures such as attending local resident's meetings, holding open days for local residents/businesses, whereby fears could be voiced and explanations given. Following the establishment of each project, it is notable that complaints have been very rare and minor.

Section Two:

Proposals on the Operation of an Accommodation Project for Street Drinkers in Dublin

2.01 Introduction and Target Group

This section provides an overview picture of an ideal model of service provision, based on both the experiences of the hostels as detailed overleaf, as well as the service standards for homeless services, which have recently been drawn up by the Homeless Initiative, in direct consultation with various voluntary bodies. Person specifications for Project Workers and Project Leaders have been taken from those as laid out by the Merchant's Quay Project, for the opening of an Open Access Hostel in Dublin. Details relating to staffing levels have also been taken from such as laid out by Dublin Simon Community for the same. Other sources here include **Bridge Housing Association** Tenancy Support Policy and St. Mungo's Housing Association Person Specifications. Due attention is also placed on the recommendations of the report, *Under Dublin's Neon – A Report on street drinkers in Dublin City*¹. Input was also provided for this section of the report from the Advisory Group of the research. Finally, this section of the report was written in consultation with Anthony Gleeson, who has considerable working experience in this field.

The aim of this project is to provide a homeless service specifically for street drinkers in Dublin city. This project would target those who are very vulnerable and live very chaotic lifestyles, are sleeping rough and are not accessing other homeless services in Dublin. It would aim to provide for the physical and social needs of its target group through a harm minimisation approach. As such, the project would endeavour to reduce the level of harm experienced by residents from their alcohol consumption, by allowing them to drink alcohol in a comfortable environment (i.e. within the project), while providing support on a number of issues, such as healthy eating, health care, key-working support and settlement plans. For this reason, it is essential that this project offers a high degree of care to its residents, both in terms of its physical structure and staffing levels.

In order to target the most vulnerable street drinkers in the city, the following target group has been developed for the project:

Target Group

The target group of this hostel is:
long term street drinkers over 35 years of age, who are sleeping rough and have a severe alcohol dependency problem, which impedes on them accessing existing homeless accommodation services in Dublin.

¹ Ibid.: (1999)

This target group is not gender specific. This relates to the fact that while the majority of street drinkers in Dublin city are male, there is also a high number of female street drinkers in the city. Furthermore, targeting one gender only could result in the break up of social groups of street drinkers in the city.²

2.02 Referral Procedure

Referrals should be accepted from homeless organisations and service, alcohol and addiction treatment services (statutory and voluntary) and from outreach teams of local voluntary groups. As this project aims to target the most vulnerable street drinkers in Dublin, self-referral should not be employed as a means of access. In order to assure that those in need of the project are accessed, referrals should be accepted on a 24 hour basis to the hostel, with the possibility of same day letting.

Following initial referral, an application form should be completed between the potential resident and referring agency or project worker of project (see Appendix B). As this project will not operate on an emergency basis, referrals should be prioritised according to urgency of need of the potential resident, rather than the use of a waiting list, as waiting periods could continue for long periods of time.

Referring agencies, as outlined above, should also have a role in the decision making relating to admission of residents to the project. This would be facilitated through ongoing consultation with project staff.

2.03 Physical Structure of Building

2.031 Optimum numbers:

The maximum number of residents should not be more than 20. The size of the hostel should be large enough to accommodate this number in a comfortable and spacious environment, and include a number of communal rooms, as detailed below.

The hostel needs to be clean, accessible, comfortable, private and secure. It should be within walking distance of basic shops and services. It also needs to fully comply with all aspects of relevant health, safety, hygiene and fire regulations.

Bedrooms should be single, and should be approximately 22-25sq metres. An adjoining door should be put in place between two rooms, in order to accommodate a couple if needs be. This would allow these rooms to be used as two single rooms if there is no couples present on site. Care should be taken to ensure that this adjoining door could be securely locked in such a situation. Single bedrooms are necessary in order to provide residents with privacy within the project. This is especially necessary in a

² *ibid.*: 27.

project such as this where alcohol consumption is allowed on the premises. Resident's need for their own private space is an significant issue.

Rooms should be furnished with a bed, one wardrobe, one mirror, one wash-basin , and a chest of drawers. Each bedroom should have bathroom and toilet facilities en-suite. Rooms should also have television connections for residents who wish to have a television in their bedroom.

Bedrooms on the ground floor of the project should be targeted towards the more transient resident, who may avail of the project for a relatively short period of time. This is in order to maximise the comfort of long term residents of the project.

2.032 Dedicated Spaces and Activities:

Other aspects of the building should include:

- Two sitting rooms (with TV and video in each)
- a games room with pool table and sitting area
- 3 kitchens for resident's use with refrigerator (which could be used to store dry food, make light snacks, tea, coffee, etc.) Cooking facilities would not be provided here. (However, residents should be allowed to develop their cooking skills with a member of staff if they so wish).
- Adequate laundry facilities, which can be accessed by residents.
- 1 health room
- 1 respite room
- Office/admin./reception area
- Staff bedroom and bathroom
- Staff room
- 2 Keyworker meeting rooms
- Communal toilets (with communal urinals)
- One garden/outdoor space, which can be accessed by residents
- Three sluice/storage rooms (one per floor)
- One elevator
- Stairs with handrails

Sitting rooms, the games room, dining room, health room, reception area, respite room and laundry room all comprise a communal section of the hostel. Resident bedrooms and kitchens should be separated on each floor from the rest of the hostel, with access provided for staff and residents of each specific section.

2.033 Facilities for People with Disabilities:

- One to every five rooms should be adapted for wheel chair users

- One in every five toilet, shower and bath should be adapted for wheelchair users. Access into and around the hostel should be aided by a ramp on entry and an elevator (or chair lift).

2.04 Food

As already stated, the aim of this project is to provide for the physical and social needs of its target group through a harm minimisation approach. In light of this, the preparation and availability of food, with a high nutrition content is an crucial aspect of the service provided. Food provision should be flexible, available on a basis suitable to individual residents, respond to all their dietary needs and special requirements. Policy relating to availability of food in the project should therefore involve consultation with residents in advance of its commencement. However, some basic guidelines for best practice are outlined here.

- *Staff involvement in Meal Preparation*
Cooking staff (as outlined in Section), should be responsible for the preparation of lunch and dinner meals. All catering staff should have training in food hygiene and are expected to practice good personal hygiene. Meals should be of a good standard, both in terms of nutritional content and presentation. Food should be served with courtesy at all times. Breakfast preparation could involve project workers and residents. should be included in board, and be self catering.
- Residents should be asked their own opinion on the best form of provision for food, according to their own needs.
- A high level of flexibility should be adopted around eating times. Residents should be able to heat to pre-cooked meals (with a microwave), if they are not present at meal times.
- Specific guidelines should be made available for staff in enabling people to eat to their times

2.05 Staff

2.051 Full-time Staff members should include:

Staff breakdown was developed on the basis of those of working models in Section One, which catered for similar resident numbers, and provided high levels of care. A ratio of 5 residents to 1 project worker/leader present at all times emerged as ideal practice.

- 1 Project Leader
responsible for management, policies, good practice, co-ordination, finances and funding, evaluation, liaison with outside agencies including funders and development of client participation.
- 1 Assistant Project Leader
would manage programmes on day to day basis; liaise with other relevant agencies; organise training and provide individual supervision to PWs; deal with general staffing issues.
would co-ordinate support for residents in terms of their alcohol use and link them into relevant services

- 10-12 Project Workers
Would work with residents via key-working system.

2.052 Shift/team basis:

Staff would operate on a team basis. Shifts should be broken into rotas which allow an overlap of 1/0.5 hours between shifts, at meal times. This would avoid undue pressure on staff at 'flash points' during the working day. Key-working would be based on the staff rota, rather than on individual client assignment. The relatively high levels of staff, as laid out here, relate to the fact that the project is open on a 24 hour basis, thus requiring 24 hour staff cover, and also to the high levels of need of residents.

Sample Project Worker Rota for Hostel with 20 residents.*

- The morning shift would be from 7.30am to 4pm, with three Project Workers on duty.
(From 9am to 5pm, Monday-Friday, two managers would also be on site).
- The evening shift (3pm-midnight), would have three Project Workers on duty.
- The night shift (11pm– 8am) would have two Project Workers on waking duty and one on 'sleep over'. This would be necessary in order to facilitate 24 hour access to the hostel.

* Due attention should be placed to statutory requirements relating to breaks for workers.

2.053 Key Working System:

Key-working with individual clients should involve:

- the writing up of care plans (which would focus on the resident's care needs and aim towards stabilising his/her drinking patterns),
- financial plans
- settlement plans

Other employees would involve cleaning and catering staff, including:

- 1 Cook
- 1 Cook Assistant
- 1 (part-time) cleaner
- 1 Handy person*
- 1 receptionist/secretary

Total number of staff for a 20 bed hostel = 18

*Consideration should be given to the possibility of recruiting a handy person on a full-time basis, who could be pooled between a number of homeless residential projects/hostels in Dublin city. In this

situation, policies and procedures should be made in case of emergency need relating to repairs and maintenance.

Residents should be encouraged by project workers to participate in cleaning of the project building, with particular reference to their own bedrooms and kitchen areas. Similarly, residents should be encouraged to do their own washing. Project workers should aid in this process. Project workers should also be prepared to be involved in cleaning, where the need arises.

2.054 Skills and Experience required among Staff:

Skills and Experience

There is no qualification that should be considered as a vital feature when employing hostel staff. Focus should be placed instead on the importance of the *transferability of skills*. For example, professional backgrounds such as nursing, social care, probation etc., or experience working in another hostel would all be relevant to the position of a project worker. Other experience relevant to this post would include working with homeless people, and/or in the fields of alcohol addiction, or mental health.

Values and Attitudes

Project workers should have experience at working as part of a team, be patient and tolerant and show an empathy with hostel policies and residents. The values and attitudes of project workers form a crucial part of this project. Candidates should all show an understanding of and commitment to the concept of 'harm reduction' (see table below for Person Specification details). Monthly meetings should be held between managers and project workers on an individual basis, to review progress, issues arising, etc.

Staff members are all employed on a professional capacity, reflected in their pay levels. Voluntary workers should not be employed on a full-time basis within the project. Employment of professional workers reflects the aim of the project, which is to provide residents with a high degree of care.

Training and Support:

Project workers will need an induction training period. This will involve 'shadowing' of colleagues for a certain period. Ongoing training should also be provided at this stage on issues such as *first aid*, *alcohol awareness* and *responding to challenging behaviour*.

Weekly meetings should be held between project workers and managers, with a view to discussing any issues, problems etc. that arise during the week. Ongoing and more in-depth training should be provided for project workers on the issues outlined above as well as mental health awareness and cultural sensitivity for residents from different cultural backgrounds.

2.055 Residents Support Services Policy³

This section outlines the essential features of the support services provided for residents.

Policy Background

A resident support service should be offered with the aim of assisting residents to make best use of their accommodation and to assist access to relevant services. The support offered will be designed to meet the individual needs of residents in a structured manner. Service users, referral agencies and other statutory and voluntary support agencies should be made aware of this policy. The policy will be reviewed regularly, and its effectiveness monitored. Service users should be involved in the process wherever possible.

Stages of Support Service (see Appendix A for relevant forms)

- In the initial stages, the allocated key-worker will outline support services available and ensure immediate needs are considered.
- Within the first month of stay, a more detailed assessment form will be completed.
- All casework meetings and significant contact must be recorded in resident's files.
- A review of each case must be made by the keyworker every month.

Delivery of Support Services

- Residents should be allocated a keyworker on accessing the hostel. It should only be possible to change a keyworker when it is felt that the relationship between resident and keyworker is failing and that another keyworker may better be able to provide the service (for instance because of specialist skills or because of being of the same gender, race or sexuality). The decision will be made by the hostel manager. Agreement may be withheld if resources make this impossible.
- Project Leaders will ensure that residents continue to receive an appropriate service in the absence of their allocated keyworker and that they are kept informed of the situation, through application of appropriate duty and absence cover systems.
- When keyworkers are unavailable to assist residents to meet immediate or urgent needs other workers will do so but will pass the issue onto the keyworker for follow-up action. A 'shadowing' approach to keyworking should be established, whereby another project worker will follow the progress of a resident, thus enabling him/her to continue the keyworking process in case of absence of the resident's keyworker.
- The project worker/resident interaction will establish a one-to-one professional relationship which allows residents to identify their needs, shares the worker assessment and aims to agree mutually defined action plans.
- Residents should not be seen as passive receivers of 'support', but as individuals who play an active part in the process of moving towards greater independence. Project workers should explain to residents what support is available, and what constraints exist. This enables residents to understand

³ This subsection is based on the Tenancy Support Services Policies of St. Mungo's Housing Association and Providence Row

their situation, to make informed choices and have realistic expectations about what their entitlements are. Project workers and residents should work together in preparing a support plan and objectives.

- Likewise, the keyworker role is not a passive one. It is about proactively engaging residents into services and enabling progression towards someone's potential. Motivational techniques should be used to listen, encourage, enable, engage and promote opportunities and positive change.

Stages of Support Services Delivery: Initial Assessment and Advice

- *Interview stage:* An initial assessment of the needs of residents will take place at interview.
- *Letting Stage:* The project worker will explain the support services that are available and will ensure all immediate physical needs are considered.
- *First Month of Stay:* The project worker should attempt to meet their allocated residents at least twice in order to provide an initial assessment and advice service. Initial assessment forms should be completed at the first meeting and care assessment forms must be completed. Where residents fail to attend these meetings, every attempt must be made to see them and to ensure that their immediate needs are being met. This contact should be recorded on case files.
- Should a resident be identified as having care needs that this hostel cannot possibly contain or respond to, liaison with other support and housing organisations both statutory and voluntary must be made to ensure that the resident is successfully re-housed in more appropriate accommodation as soon as possible.

Ongoing Support to Residents

- After the first four weeks, regular meetings should be maintained, but the frequency will be determined by the individual residents needs and scheme resources available.
- All keywork meetings and significant contacts must be recorded in the tenancy files, including the details of any follow-up work done with or on behalf of the resident.
- The majority of residents should be made aware that they are expected to be working towards fulfilling their potential for independence. For those residents that are particularly vulnerable long term supported re-housing options should be explored.

Towards Move-on Options

- The emphasis of the support service will change through time and become more practically orientated once residents are able to function more autonomously within a supported hostel setting.
- Once a residents is assessed by his/her project worker as being ready to move towards more independent living, and is referred to either permanent or longer term supported housing options, targeted support on settlement needs should be developed and offered. The keyworker in conjunction with the resident should agree which areas of support are required and who should provide that service. External services will be utilised especially for specific needs.

- Where residents have anxieties about living independently, these should be discussed, and residents helped to feel supported whilst participating in the move on process. It may be necessary to remove the resident from the process if they are felt to be genuinely not ready and unable to cope. A wide range of move on options should be looked at, when deciding the most appropriate route for the resident.

2.056 Keyworking Skills⁴

Keyworking requires a wide range of skills and abilities. These include:

- *Communication Skills:* To build a relationship with residents, to ensure that they are properly listened to and to ensure that information is conveyed clearly and correctly.
- *Interviewing and Assessment Skills:* Keyworkers should be able to elicit information in order to enable residents to identify their support needs. This may involve asking open and probing questions in a sensitive manner.
- *Motivation Building Skills:* To assist residents in building the confidence and motivation to address their needs and ambitions. Helping residents to recognise how their actions affect others and themselves and supporting them in changing their behaviour. Residents should be encouraged to see the combined efforts of the keyworker and resident as a means of moving forward towards their stated targets.
- *Recording:* Case files must reflect the work with residents in order that there is accountability, that crises can be responded to and changes of staff do not adversely reflect residents. Keyworker support action plans are provided for recording the targets and actions agreed between residents and keyworkers. Informal contacts should be recorded on the contact sheets in resident case files.

Person Specifications*

Job Title: Project Manager

The ideal candidate will have:

- At least three years experience of full time work in the provision of services for homeless persons and/or people with alcohol dependency problems in a residential setting.
- Proven organisational abilities and leadership skills
- Ability to lead, motivate and delegate to a staff team in order to achieve the objectives of the project.
- demonstrated a capacity to take responsibility and initiative in their professional career.
- a qualification in the social care area and/or will have shown a commitment to developing their own knowledge and skills through participation in ongoing training and/or education in the course of their career.
- A knowledge of the issues pertaining to vulnerable street homeless people, including the effects of alcohol abuse.
- A commitment to, and understanding of the concept of 'harm reduction' within a residential setting for long term heavy drinkers.
- An understanding of and commitment to equality of opportunity
- An ability to cope with clients who may display challenging behaviour .
- demonstrated a commitment in their professional career to social inclusion for marginalised people.

Job Title: Project Worker

The ideal candidate will have:

- At least one years experience of working with homeless people, ideally in a residential setting.
- Relevant qualification in addiction work and/or experience in the delivery of care services for homeless people/ people with alcohol dependency problems
- Knowledge of the network of services available for the client group in the eastern health board region
- demonstrated a commitment in their professional career to social inclusion for marginalised people.

ALL CANDIDATES MUST:**Client Group**

- understand the needs and problems of homeless people and the particular needs of the project's client group. (NB: relate this to any relevant experience you may have)
- understand and be committed to the concept of 'harm reduction' within a residential setting for long term heavy drinkers

Relationships

- be able to establish an effective working relationship with residents

Communications

- have good interpersonal skills including listening, questioning and assessing

Key Working

- be able to key work and care plan

Care

- be able to provide personal physical care when appropriate

2.057 Key Working Principles And Guidelines⁵*Purpose of Key-working*

- The central philosophy of key-working is the establishment of a one to one professional relationship based on trust which allows residents to identify their support needs. The named key-worker has responsibility for ensuring that the resident receives individualised support appropriate to their identified need.
- Key-working also provides a focal point for communicating with residents. Keyworkers can pass on information about services provided both within the hostel and from relevant external agencies. The key-worker can therefore also act as co-ordinator of all the resident's support networks. The establishment of an external focus is important for residents as the aim of key-working is to encourage incremental integration within the wider community and discourage reliance on the key-worker.
- Residents should not be seen as passive receivers of "support", but as individuals who play an active part in the process of moving towards greater independence. Project workers should explain to residents what support is available, and what constraints exist. This enables residents to understand their situation, to make informed choices and have realistic expectations about what their entitlements are. Project workers and residents should work together in preparing a support plan and objectives.
- Likewise, the key-worker role is not a passive one. It is about pro-actively engaging residents into services and enabling progression towards someone's potential. Motivational techniques should be used to listen, encourage, enable, engage and to promote opportunities and positive change.

⁵ This is drawn from **Bridge Housing Association**, (1999) Housing and Care Services, Tenancy Support Policy – Annex 1

Principles of Keyworking

- Key-working relates to the process of **enabling** residents to maximise their potential for independence through needs assessment, advice and advocacy, and through the delivery of pro-active service interventions.
- The principles of equal treatment and a non-judgemental approach are central to the key-working process.
- This particular model of service provision is one based on **harm reduction**, relating to alcohol intake among residents. This means that people are encouraged to move towards less harmful levels or ways of alcohol use by accessing specialist services, by being treated with **respect** and by having their **motivation** reinforced by the workers they come into contact with. Keyworkers are expected to set **boundaries** with residents, reflect the realities of their dependency and not to collude with harmful behaviour but to do so in a way that treats the **individual** with **dignity**.
- Key-working should involve ongoing assessment with the resident of their needs and identification of the means for ensuring that these needs can be met appropriately.
- The process should usually involve joint decision making between the resident and the keyworker, but if the resident is reluctant to co-operate with the process or is unable to, the key-worker must adopt a **pro-active** or **assertive** approach. The aim of this should be to ensure that this hostel is fulfilling its **duty of care** to the resident, and promoting the resident's best interests without taking
- away his/her rights. This is a difficult balance and the appropriate approach should always be agreed with the relevant line manager and advice may be sought from specialist workers.
- Keyworkers should also work from a **risk management** approach, which would help them to identify potential risks to residents and to other individuals and to minimise the likelihood that these will become dangerous. Keyworkers are expected to balance issues of individual safety and independence and also safety of others.
- Keyworking involves a wide range of skills, knowledge and abilities and often involves analysing complex information and making difficult decisions. It therefore aims to **support** keyworkers through the line management structure. Formal and informal supervision should be offered to enable keyworkers to manage their caseload effectively. Keyworkers should be expected to discuss their key clients' tenancy support issues in this context. **Training** should also be offered to develop the keyworkers abilities.

Confidentiality/Disclosure

- All keyworkers should be made familiar with the hostel's confidentiality policy from induction onwards. All residents should also be made aware of the confidentiality policy and this must be discussed at the start of the key-working relationship.
- In the process of key-working, staff and residents develop a relationship which may result in residents opening up and sharing needs related personal information with their keyworker. This is one of the purposes of key-working and should be encouraged. Staff should, however, make it clear to residents

that any information given in key-working may be shared with other staff within the hostel. Staff must not be drawn into confidences with residents. The sharing of non-needs personal information in a keyworker session by residents should be responded to sensitively as being inappropriate, or the discussion moved towards a needs related issue, or referred to a more relevant agency. For example, inappropriate disclosure of sexual activity could be moved towards discussions on sexual health and referral to their GP or other health services, dependent on the individual circumstances.

- Although information may be shared with other staff, it will usually remain confidential to the hostel and must not be passed to an outside organisation or individual without the resident's prior written consent (this includes health status even in emergencies). However the policy does allow for sharing information in cases of significant risk to the resident, staff, other residents or the general public. This must also be made clear to residents.
- If a resident discloses information which a keyworker knows they will have to share, the keyworker must consider how to proceed. If it is perceived to present a risk to the resident, it will often be appropriate to point out that this information will have to be shared and how this may best be approached. If it is perceived to present a risk to other people, the keyworker must immediately seek advice from the appropriate line manager.

The Keyworking Relationship

- Keyworkers must not assume a role that they cannot justify professionally. They cannot be counsellors, friends or surrogate family to residents. Rather, they should be seen as an advocate for the resident and their role is of co-ordinating internal and external support services which enable tenancy maintenance and settlement. It is important that the keyworker makes clear to the resident at an early stage the professional boundaries within which they work. This helps to build trust and enables the resident to fully utilise the keywork services.
- The range of topics which may be brought up in keywork sessions can be extremely diverse, ranging from basic things, such as housing, clothing and health, to litigation, self harm or harassment. While it cannot be categorically stated that certain things cannot be discussed, the basic rule is that both parties must be recognising the professional nature of the relationship. If either the keyworker or the resident feel uncomfortable or that the conversation is inappropriate, the discussion should be ended there.
- Keyworkers must also be clear that their role includes enforcing tenancy responsibilities. This role means that they have to balance the rights of other residents and the safety/viability of the project with the rights of the individual resident. It is also important for residents to recognise that there are clear boundaries and responsibilities associated with tenancy maintenance.

Keywork Setting

- The keywork setting is extremely important. Ideally it should be somewhere that is comfortable, where there are no interruptions and which allows privacy. Even if residents have to be contacted informally

because they avoid keywork sessions, every effort must be made not to discuss personal information in public areas. The right to privacy must also be balanced by the need for personal safety. Safe working guidelines must be followed including access to a telephone, panic button or mobile phone, and even if necessary to being accompanied by another staff member.

Keywork Meetings

The aim of tenancy support is:

- To enable residents to maximise the use of their accommodation and obtain access to their basic rights of housing, health, welfare benefits and dignity.
- This is achieved through ongoing contact between the keyworker and resident. The resident may explicitly request support and advice or the keyworker may become aware of their needs through their own and others observations, incidents, etc. The purpose of keywork meetings is to ensure that support needs are systematically assessed and responded to.

First Keywork meeting – within one week of moving in.

- Discuss the purpose of keywork
- Check residents are in receipt of social welfare
- Give information on the hostel and services provided
- Address any immediate or urgent support needs
- Agree date of next meeting

Purpose of Keywork

Explain to the resident that:

- Keywork is an opportunity for the residents to discuss their needs and goals with you and for you to give them information, support and access to the resources that will enable them to meet these needs and goals.
- Keywork meetings give residents an opportunity to let you know of their accommodation needs and assist you in making referrals to move-on options.
- Keywork also provides an opportunity for residents to discuss and draw up aims and goals relating to their alcohol consumption, whether those aims be reducing/stabilising level of consumption or abstaining from it.
- Keywork information is recorded but is generally kept confidential with the hostel. Explain the situations in which confidentiality cannot be maintained.
- The resident has access to the notes you make and keep on file.

Second Keywork Meeting

within three weeks (max.) of moving in

- Check up on social welfare situation

- Carry out assessment including health care form.
- Agree action plans.
- Agree frequency of meeting

Agree the actions that need to be taken. Some of these actions will need to be carried out by the residents and others will need to be carried out by you.

Ensure that anything put down as an action point is agreed by the resident but be honest with the resident about what you believe the resident needs to address.

Prioritise and time scale these actions with the resident. Comprehensively record the details of the assessment and agreed action on the Keyworker Action Support Plan. Offer a copy to the resident and place a copy on the case file with the completed initial assessment form. As a general rule, the keyworker should look to community based voluntary or statutory specialist agencies to provide specialist support for residents. The keyworkers support role will then be:

- Once needs have been identified, consulting with the resident on the action that needs to be taken
- Finding out what resources exist in the community
- Providing information about these resources to the resident and making referrals
- Supporting the resident in using services and liaising with the services.

Subsequent Keywork Meetings

The frequency of meetings should be agreed by resident and keyworker. The meetings should look at the actions agreed previously and review progress. If any new issues have arisen, these should be addressed within the same framework.

Dealing With Non-Attendance To Keywork

When a keywork meeting is due, where possible try to speak to the resident and negotiate the timing. Follow this up with a letter informing the resident of the date, time and venue. Record this appointment in the file notes.

If the resident does not turn up, have a look around the building and find out whether they are in. It may be a case of the resident forgetting about the appointment. Find out whether the resident would like to go ahead with the meeting.

If the resident is not around, arrange another meeting – to happen within seven days. Try to do this both verbally and in writing. Record in file notes.

If the resident does not demonstrate a commitment or desire to meet with their keyworker and there are obvious support needs, the keyworkers should attempt to explore with the resident the reasons why they

do not wish to participate. The purpose and advantages of the keywork meetings should be restated and the resident should be actively encouraged to attend. If a resident opts out of keywork this should be recorded in the file notes and discussed with the project leader. The keyworkers attempts to encourage the resident to attend should also be recorded.

Keywork Process

| | |
|---|--|
| First Keywork Meeting <i>(within first week of arrival)</i> | <ul style="list-style-type: none"> ➤ Explain Purpose of Keywork ➤ Provide Initial Information about accommodation and Service ➤ Address any immediate or Urgent Support Issues |
| Second Keywork Meeting <i>(within three weeks)</i> | <ul style="list-style-type: none"> ➤ Carry Out Assessment ➤ Agree Support Plans |
| Ongoing Keywork <i>(at least monthly as agreed)</i> | <ul style="list-style-type: none"> ➤ Review Support Plans ➤ Deliver Support |

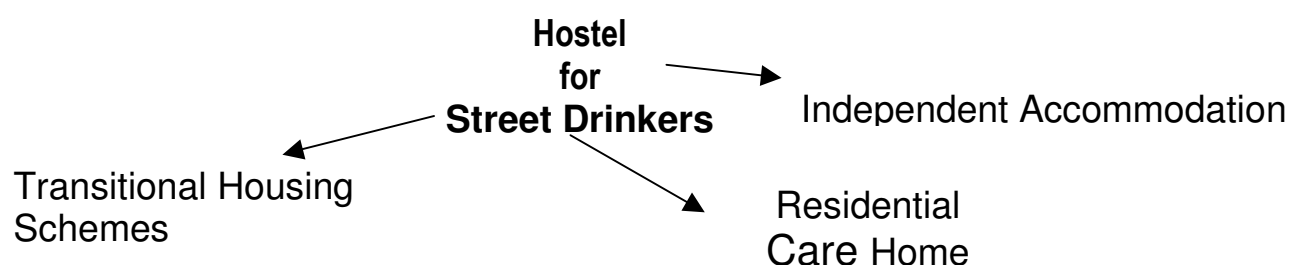
2.06 Move On options

Research has highlighted that very chaotic homeless street drinkers experience difficulty when referred to independent housing. This is due to a number of reasons including social isolation, low levels of lifeskills among street drinkers and difficulties experienced in the change of lifestyle. While residents of this project should be encouraged and aided towards independent living and other appropriate move on options, they should be made welcome to reside within the hostel as long as it responds to their needs. This project would make up part of an overall response to street drinking in Dublin. It does not by any means comprise a complete solution to the problem. Nor is it a direct access emergency form of accommodation, but rather a residential project for very chaotic street drinkers in Dublin.

Among residents who have stabilised their lifestyle and drinking patterns, and wish to move from hostel accommodation into more long term housing, a range of move on options need to be made available to them. The hostel should establish a link with transitional housing schemes in Dublin. (there is also a need for an increase in the number of transitional housing schemes in the city). With a target group of '*long term street drinkers who are sleeping rough and have a severe alcohol dependency problem*', the population within this hostel can be expected to include a high number of older people, many of whom may be unable or unwilling to manage mainstream independent housing. For these residents, a residential home should be made available for them, in which they can continue to consume alcohol if they so wish. This residential home would be modelled on those provided by voluntary organisations, such as the Simon Community, which offer a high degree of living comfort for residents on a permanent basis, with a twenty four hour staff presence. This should be seen as an optional route for residents of the project, rather than an obligatory one.

In addition, this service should continually challenge Dublin Corporation and other relevant local authorities to make every effort to find more suitable accommodation for residents of the hostel who are ready and willing to find their own independent accommodation. Staff should provide residents with the advice and support they need to enable them to gain independent accommodation. Follow on support should also be made available to those who have moved from the hostel into their own home. Residents should be aided by Project Workers to link in with specialist settlement services in Dublin, through which they could explore the settlement options available to that resident, and focus on the means by which he/she could gain more suitable accommodation (see Appendix A for relevant forms/procedures)).

Table One: Move-On Options for Residents



2.07 Life-skills

The hostel should link in with the Eastern Health Board and other relevant bodies/organisations, which can provide on site training for residents in a number of issues, such as social and life skills and health awareness. Staff should also receive basic training in this sphere (see Appendix D).

2.08 Detox

The hostel should link in with local detox centres, with a view to providing residents with the option to either attempt to abstain from alcohol, or to give their body a chance to recuperate for a short period of time. From a detox clinic, people can then consider going on to a rehabilitation programme.

2.09 Health

A 'health room' should be made available in the hostel, which could be used as surgery by a visiting GP and nurse.

- A GP should visit the hostel once weekly (for a full morning).
- A nurse should visit twice weekly
- A Community Psychiatric Nurse should be available to the hostel on request.
- A chiropodist and an optician should pay regular visits to the hostel.
- A Counsellor should pay regular visits to the hostel.

- A range of alternative therapies, including shiatsu and acupuncture should be made available on a weekly basis for residents.

2.10 Access

Residents should have 24 hour access to the hostel. For safety reasons, this can be aided by an intercom system.

2.11 Visitors

Visitors to the hostel should be limited to certain hours of the day as well as to a maximum number, as the hostel is catering for a specific number of residents and a high number of visitors on site could put project workers under undue strain.. Between 9am and 7pm, a maximum of five/seven visitors should be allowed on-site. Visitors should not be allowed on the premises until after breakfast and not after dinner time. Overnight visitors should not be allowed, except in very particular circumstances. Specific policies on this issue should be developed in direct consultation with residents.

2.12 Policy relating to Alcohol Consumption on Premises

The consumption of alcohol should be allowed in resident's own room, general communal areas, in one of the two TV rooms and in the games room. One TV room should be maintained as a room in which residents are not allowed to consume alcohol, in order to provide residents with the option of a communal area they can go to during the day, if they do not want to drink.

Attempts to monitor drinking should be done via the key-working system. For example, by completing a financial plan with residents, project workers can help them spread out there financial resources throughout each week, thus avoiding 'binge' drinking. Extra monitoring should be placed on more chaotic drinkers. This could be aided by having 'extra needs' unit within the hostel, for more chaotic drinkers.

2.13 Local Community

Opposition from local businesses and residences is likely to emerge. This should be dealt with by explaining the aims and workings of the hostel to the local community through an open day and attendance of hostel managers and/or project workers at local residential meetings. Consideration should be given to the possibility of the project being a community resource for the local community, with workers providing community services to the community, thus enhancing its public image.

It is important to note that the project should be set up in a location that is convenient to the majority of the population of street drinkers in Dublin, and that it does not result in isolating a resident from his/her social networks.

2.14 Rent

A project such as this, which targets a very vulnerable and chaotic group of people, who previously have been sleeping rough needs to exercise caution in demanding rent from its residents, especially on admission.⁶ As such, it is recommended as a possible course of action that residents are charged rent on admission, but that failure to present funds does not lead to exclusion. Rather, such residents are admitted to the project, and on being connected to relevant welfare payments and/or settled into the project, can begin to pay rent. Rent levels within homeless hostels in Dublin vary from no rent charge at all to £52.50 per week, with an average rent level of £25 per week.⁷ With non-payment of rent cited as one (of many) reasons for not accessing existing homeless services among street drinkers⁸, it remains apparent that rent for this project should be maintained at a relatively low level.

2.15 Funding

There are a number of possible means of funding this project, as outlined below:

- the Eastern Regional Health Authority and Dublin Corporation provide 10% funding for the project, and the operation of the project is tendered to voluntary bodies in the area
- A voluntary agency agrees to operate the project, and applies to the ERHA and Dublin Corporation for 100% funding
- A number of voluntary organisations in Dublin organise an umbrella body between them which operates the project and applies to Dublin Corporation for 100% funding.

2.16 Rights and Obligations of Residents

While this project should not operate on very strict barring procedures, which would only result in the exclusion of those already barred from other homeless services, certain behaviour should warrant residents being barred from the project, with length of bar varying on the specific incident. Such behaviour should include serious acts of violence towards members of staff and other residents and attempted arson⁹.

Barring procedures should operate within a formally reviewed warning system. A verbal warning should be followed by a written warning. On failure of the resident to respond, the situation should be reviewed by project workers and managers.

⁶ Costello and Howley (2000) *Working Towards Inclusion: A Feasibility Study on the Setting up of a Direct Access Hostel for Drug Users in Dublin City* (in print)

⁷ see Focus Ireland (1999) *Directory of Homeless Services in Ireland*

⁸ Costello and Howley (1999) *ibid*: 25.

2.17 Evaluation

This project should be evaluated on an ongoing basis, with evaluation involving input from both staff members and residents of the project.

2.18 Record-Keeping

Up to date records and files should be maintained on each resident, based on the keywork progress, and health status/problems¹⁰

⁹ This is based on policies of projects reviewed in Section One

¹⁰ see Courtney, Roger: *Putting People First - A good practice handbook for homeless services*, Homeless Initiative, for more detail.

Section Three:

Review of Capital Costs

This section outlines the optimum physical structure of the hostel building, and provides an overview of capital costs involved in its construction. It also provides a framework for expected renovation costs of an old building for this project, based on those of a recently renovated homeless hostel in Dublin.

3.1 Capital Costs involved in Building Construction

Physical Properties of Hostel Building

| Room | Size |
|--|-------------------------------|
| - 1 admin. Office | 12 m ² X 1 |
| - 1 staff duty room | 12-15 m ² X 1 |
| - Reception area | 7 m ² X 1 |
| - Waiting area | 4 m ² X 1 |
| - Respite Room | 12-15 m ² X 1 |
| - Health Room | 12-15 m ² X 1 |
| - Laundry Room | 12 m ² X 1 |
| - Laundry Room | 4 m ² X 1 |
| - Communal Toilets | 8-9 m ² X 1 |
| - 20 resident bedrooms | 22-25m ² X 20 |
| - 3 resident's kitchens | 22-25 m ² X 3 |
| - 1 games room | 24-28 m ² X 1 |
| - 2 sitting rooms | 22-25 m ² X 2 |
| - Dining Room (with five tables seating 4, 4, 4, 4 and 6) | 24-28 m ² X 1 |
| - Kitchen (food served through hatch) | 25 m ² X 1 |
| - Keyworkers Meeting Rooms | 10 m ² X 2 |
| - 1 Staff Dining Room | 22 m ² |
| - Staff Bathrooms | 8-9 m ² X 1 |
| - 1 staff bedroom | 22-25m ² X 1 |
| TOTAL SIZE | 284- 315 m² |

3.2 Expected Renovation Costs of an old Building for Project

Oak House, Dublin Corporation - *Recently renovated building*

Facilities include:

- 34 single rooms
- 30 long term beds and 4 emergency beds
- wheelchair lifts and toilets
- canteen, cooking facilities, storage, TV room, laundry

Renovations included:

- Floors, galleries
- Stairs, ramps,
- External Walls: Completion, Internal Walls: Completion
- Stairs, Ramps: Completion
- Roof Completion
- Wall Finishes externally
- Wall finishes Internally
- Floor finishes
- Stairs, ramps finishes
- Ceiling finishes
- Mechanical Services Installation
- Electrical Services installation
- Transport services
- Assembly, work, play, rest fittings
- Culinary Fittings
- Sanitary Fittings
- Storage, Screen fittings

Site Works

- Prepared Site
- Ancillary Site Structures
- Roads, Paths, Pavings
- Site services (piped and ducted)

Preliminaries

Preliminaries, Insurances, Security, etc.

Total Estimated Costs: £1,100,000.00 including VAT.

Appendix A

Tenancy Support Forms¹¹

This includes:

- Initial Information Sheet
- Initial Assessment Form
- Health Care Information Assessment Form
- Support Plan
- Contact List for Support Action Plan
- Review Form
- Long Term Plan

¹¹ These have been drawn from **Bridge Housing Association**, (1999) Housing and Care Services, Tenancy Support Policy – Annex 1 and Pancras' Way (St. Mungo's Housing Assoc.) Booking In Questions and Assessment Forms

Initial Information Sheet

Full Name: _____

Address: _____

Date of Birth: _____ Date of Letting: _____

Allocated Project Worker: _____

1. Are you claiming benefit? ☐ Yes ☐ No
Which ones? (UB, SWA, DA, etc.) _____

Any specific difficulties experienced/envisaged: _____

2. Next of kin/person to contact in an emergency:

Name: _____

Address: _____

Phone Number: _____ Relationship: _____

3. Are you registered with a GP? Yes ☐ No ☐

Name: _____

Address: _____

Phone Number: _____

4. Are you on medication or do you require medication? Yes ☐ No ☐

5. Any other immediate needs (i.e. clothes, food) Yes ☐ No ☐

Signed Project Worker: _____ Date: _____

Initial Assessment Form

Full Name: _____

Room: _____

Date: _____

Project Worker: _____

1. *General Issues*

How are you getting on in the hostel? Are there any problems-

a) Getting on with others?

b) Budgeting, shopping?

c) Looking after the room, laundry, etc.?

2. *Health*

a) Do you have any physical or mental health problems? (i.e. depression, anxiety, difficulty with stairs or getting about?)

b) Any history of the above?

c) What happens when you get ill? Do you visit any services such as help groups or would you like to?

d) What do we need to do about it?

3. *Support Issues*

a) How do you spend your time? Do you stay in the hostel, visit friends or services, go to college/work etc.? What would you like to do or are interested in?

b) Would you like information on employment, training courses, education or recreation?

c) Do you require information on local services?

4. *Special Needs*

a) Do you have any spiritual/cultural needs which are not being met? (e.g. quiet place to pray, special diet, etc.)

b) Do you have any emotional support needs? For example, if you have lost touch with your family or had a relationship breakdown, or lost a friend or still have issues or feelings around this.

5. *Behavioural Issues*

a) Do you ever get violent or feel violent, or abusive towards others, and feel this is difficult to control?

Yes

No

If yes, please describe what types of things happen

b) Do you ever feel very negative about life and feel this effects the way you behave?

Yes

No

If yes, please describe

c) Do you feel lonely? Yes

No

If yes, how do you respond?

d) Do you ever feel very upset about particular things or things that have happened in your life?

Yes

No

If yes, what type of things and how does it make you feel?

d) Would you like someone to talk to about any of the above issues?

Yes

No

Signed: _____ **Date:** _____

| | |
|------------------------|--------------------------------|
| | Health Care Information |
| Assessment Form | |

Room No.:

Date form completed:

| Resident refused? | Yes | No |
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If the resident refused to answer, complete by observation and existing information.

The aim of this form is to ensure that residents are aware of services that are available to meet their needs and to enable staff to help in case of medical crisis. This should be explained to the resident. It is not intended to be intrusive and should be presented as an opportunity for the resident to discuss any needs that they may have. Refer to initial application form and follow up on any questions raised.

Where a resident refuses to participate in the process the form should be filled out by a key worker who has knowledge of the individual according to their observations and existing information. This should be made clear on the form.

| | | REFERRAL/ACTION |
|---|--|---|
| A. GP/HEALTHCARE Are you registered with a GP or other primary healthcare service? Yes / No No → provide information and assistance with registration Yes → If yes, ask for details: Name: Address: Phone No.: | | ➤ GP referral ➤ If the GP is out of the area, explain possible difficulties and offer help to register locally if appropriate. |

1. Do you have any physical health problems? Yes / No

Yes → Are there any you wish to let me know about?

- GP referral

2. Have you been in hospital in the last year because of any health problems or accidents? YES / NO

Yes → Details:

- GP referral

3. Are you on any medication at the moment? YES / NO

Yes → Give details:

What happens if you do not take your medication?

- Safe storage/medication management

4. Do you have any specific needs/diet or requirements due to your health? Yes / NO

Details:

- Refer to Project Leader, catering, etc.

C. PARTICULAR MEDICAL CONDITIONS

Explain that staff need to know about some conditions in case of an emergency. Emphasise confidentiality.

1. Do you have epilepsy or fits? YES / NO

Yes → Do you take medication YES / NO

- GP
- Medication management issues refer to Project Leader
- Notify other relevant staff if agreed.

2. Do you have diabetes? YES / NO

Yes → How is this treated?

Special Food

Tablets

Injections

- GP
- Special Diet/ Notify Catering
- Medication Management issues – refer to Project Leader
- Insulin needs cool storage
- Notify other relevant staff

3. Do you have asthma or any chest problem? YES / NO

Yes → Do you take medication?

- GP
- Medication Management Issues – refer to Project Leader

4. Do you have heart or blood pressure problems? YES / NO

Yes → Do you take medication?

- GP

- GP

5. Do you have stomach ulcers? YES / NO

Yes → Do you take medication?

- GP

6. Have you ever had TB? YES / NO

Yes → Did you finish your treatment?

- GP
- Notify other relevant staff

7. Have you ever been told you have any blood disorders such as : *(Circle the relevant numbers)* YES / NO

1. Sickle Cell
2. Thalasaemia
3. Haemophilia
4. Hepatitis
5. Other

D. MENTAL HEALTH/SUBSTANCE DEPENDENCY

Refer to previous contacts and information to inform this discussion.

1. Mental Health

Do you experience:

- | | |
|---------------|----------|
| 1. Depression | YES / NO |
| 2. Stress | YES / NO |
| 3. Anxiety | YES / NO |

Details: _____

Do you take any medication? _____

Do you have any mental health difficulties? YES / NO

Would you like to talk to someone about any problems?

YES / NO

Have you been in hospital in the last year for any of these

problems? YES / NO

Details: _____

2. Alcohol Consumption

What do you usually drink? (spirits, beer, cider)

How would you describe your drinking pattern?

(daily, binge)

How much alcohol would you consume in one day, on

- Visiting Counsellor
- Medication Management Issues – refer to Project Leader

- Visiting Counsellor

- Refer to GP/Visiting counsellor if appropriate

- Visiting alcohol worker

D. CARE

1. Care and Mobility

Do you have problems with any of the following?

- | | |
|------------------------|----------|
| 1. Eyesight | YES / NO |
| 2. Hearing | YES / NO |
| 3. Walking | YES / NO |
| 4. Personal Hygiene | YES / NO |
| 5. Taking your tablets | YES / NO |

Have you ever been assessed by social services to receive help with any disability?

Details: _____

2. Care and Support

1. Do you need more care/support than you currently receive at this hostel? YES / NO

Details: _____

2. Do you see/visit any of the following:

- | | | |
|------------------------------|------------------|---------------|
| a. Psychiatrist | b. Social Worker | c. Counsellor |
| d. Community Nurse | e. Doctor | f. Day centre |
| g. Anyone else who helps you | | |

Details: _____

Do we have permission to contact them? YES / NO

- Visiting Optician
- GP
- Check receiving eligible benefits
- Continence aids
- Check difficulties with accommodation

- Document and refer to Project Leader

- Contact relevant service provider identified if client consented

| | |
|---|---|
| <p>G. WOMEN'S HEALTH</p> <p>Would you like any information on women's health issues? YES / NO</p> <p><i>Note: Leaflets should be made available on smear tests, breast checks, family planning and contraception.</i></p> <p>Would you like to see someone about any of these issues? YES / NO</p> | <p>➤ GP</p> <p>➤ Local Family Planning Clinic</p> |
| <p>H. MEN'S HEALTH</p> <p>Would you like any information on men's health issues? YES / NO</p> <p><i>Note: Leaflets should be made available on prostate/cancer checks and safer sex.</i></p> <p>Would you like to see someone about any of these issues? YES / NO</p> | <p>➤ GP</p> <p>➤ Local Clinic</p> |
| <p>CLIENT SIGNATURE DATE</p> | |

ASSESSOR'S COMMENTS

1. Do you feel that the resident has been able to give an accurate assessment of their situation?

YES / NO

Details: _____

2. Did you notice anything about the resident that they did not mention?

YES / NO

Details: _____

3. Do you think that the resident needs more care than they currently receive at the hostel?

YES / NO

Details: _____

Do you think that any of the resident's problems are directly related to their age? YES / NO

Details: _____

Further comments: _____

Signed:

Date:

SUPPORT PLAN

Resident's Name:

Keyworker's Name:

Date:

SUPPORT PLAN

By having a support plan, we can try to ensure your needs are met, and you have access to the services and resources you want.

Needs and Goals

Before we can think about how to put together the support plan, we need to look at what our needs are. Everyone needs somewhere to live, something rewarding to do during the day, money and social support. Some people have extra needs. The space below is for you and your key worker to make a list of your needs and goals. Of you do not agree with them all, write them down anyway and say why you differ.

Needs and/or Goal:

Note any disagreement

Needs and/or Goal:

Note any disagreement

Needs and/or Goal:

Note any disagreement

Needs and/or Goal:

Note any disagreement

Needs and/or Goal:

Note any disagreement

Needs and/or Goal:

Note any disagreement

Needs and/or Goal:

Note any disagreement

SUPPORT ACTION PLAN

This section looks in detail at the support you will receive in order to meet your needs or achieve your goals. The support plan is personal to you – no two people will have the same plan. It is an agreement between us about what we will do over the coming weeks.

Needs and/or Goals

What steps need to be taken? Who by? When will it happen?

Needs and/or Goals

What steps need to be taken? Who by? When will it happen?

Needs and/or Goals

What steps need to be taken? Who by? When will it happen?

| |
|---|
| Needs and/or Goals |
| What steps need to be taken? Who by? When will it happen? |

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| Needs and/or Goals |
| What steps need to be taken? Who by? When will it happen? |

| |
|---|
| Needs and/or Goals |
| What steps need to be taken? Who by? When will it happen? |

CONTACT LIST FOR SUPPORT ACTION PLAN

Name of Resident: _____

Name of Keyworker: _____

(Key people involved in Support Plan (including social worker/s; counsellors; community psychiatric nurse; GP; alcohol dependency worker, etc.))

| NAME | ROLE | ADDRESS | TELEPHONE |
|------|------|---------|-----------|
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REVIEW FORM

Name of Resident:

Room No.:

Project Worker:

Date:

1. Those present at review:

2. Summary of discussion:

3. What goals have been achieved:

4. What goals have not been achieved:

5. Do any goals/plans need to be revised:

LONG TERM PLAN

1. Long term goals agreed by resident and project worker:
2. What difficulties there might be in achieving them:
3. Any disagreement between resident and project worker about this?

4. PLAN

What resident needs to do:

What project worker needs to do:

What other resources needed to achieve this:

Appendix B

Health Promotion Courses for Staff Members¹²

Health Promotion Unit, Eastern Regional Health Authority

Objective One:

To improve awareness in our region of what is health promoting/health damaging behaviour through effective community initiatives, research and information dissemination programmes.

1. Being-Well Course

The aim:

to provide a programme for individual and communities that promotes good health and well-being by:

- raising awareness of a positive, holistic concept of health
- providing information about specific health topics (such as healthy eating, physical activity, stress and relaxation and legal drugs)
- Developing personal skills and identifying community-based resources and responses to support and maintain healthy lifestyle choices

Part One Experiencing the Course

| | |
|----------------------|---------------------------------|
| Session One | Enjoying the whole of my health |
| Session Two | Eating Well (A) |
| Session Three | Being Active (A) |
| Session Four | Eating Well (B) |
| Session Five | Being Active (B) |
| Session Six | Dealing with Stress (A) |
| Session Seven | Dealing with Stress (B) |

Part Two Improving Facilitation Skills

- Group learning
- Learning styles
- Difficult issues

¹² This is taken from Eastern Health Board Health Promotion Department (2000) *Training in Health Promotion 2000*.

2. Brief Interventions for Behaviour Change

This is a 2 day course, designed to enable health professionals to learn and practice skills in brief interventions and motivational interviewing to promote healthy lifestyles. This course is particularly suitable for persons facilitating behaviour change in the areas of smoking cessation, physical activity, healthy eating/weight loss and in alcohol consumption.

3. Nutrition for the Elderly

This is a one day course, which focuses on nutrition for the elderly. Topics include: General Healthy Eating, with an emphasis on the nutrition needs of the older person, Non Insulin Dependent Diabetes and Malnutrition.

Potential Participants: staff caring for the Elderly in the Community and in long term care.

4. Introduction to Healthy Eating

This is a half day course, and provides a general introduction to healthy eating for those dealing with clients/groups in the community. Topics covered include: healthy eating, convenience foods and eating on a budget.

5. Evaluation in Health Promotion

This is a two day course, aiming to provide an understanding of evaluation terminology and methods. Participants will gain an understanding of the type of evaluation appropriate to particular projects and will be encouraged to start by planning the evaluation of a project.